

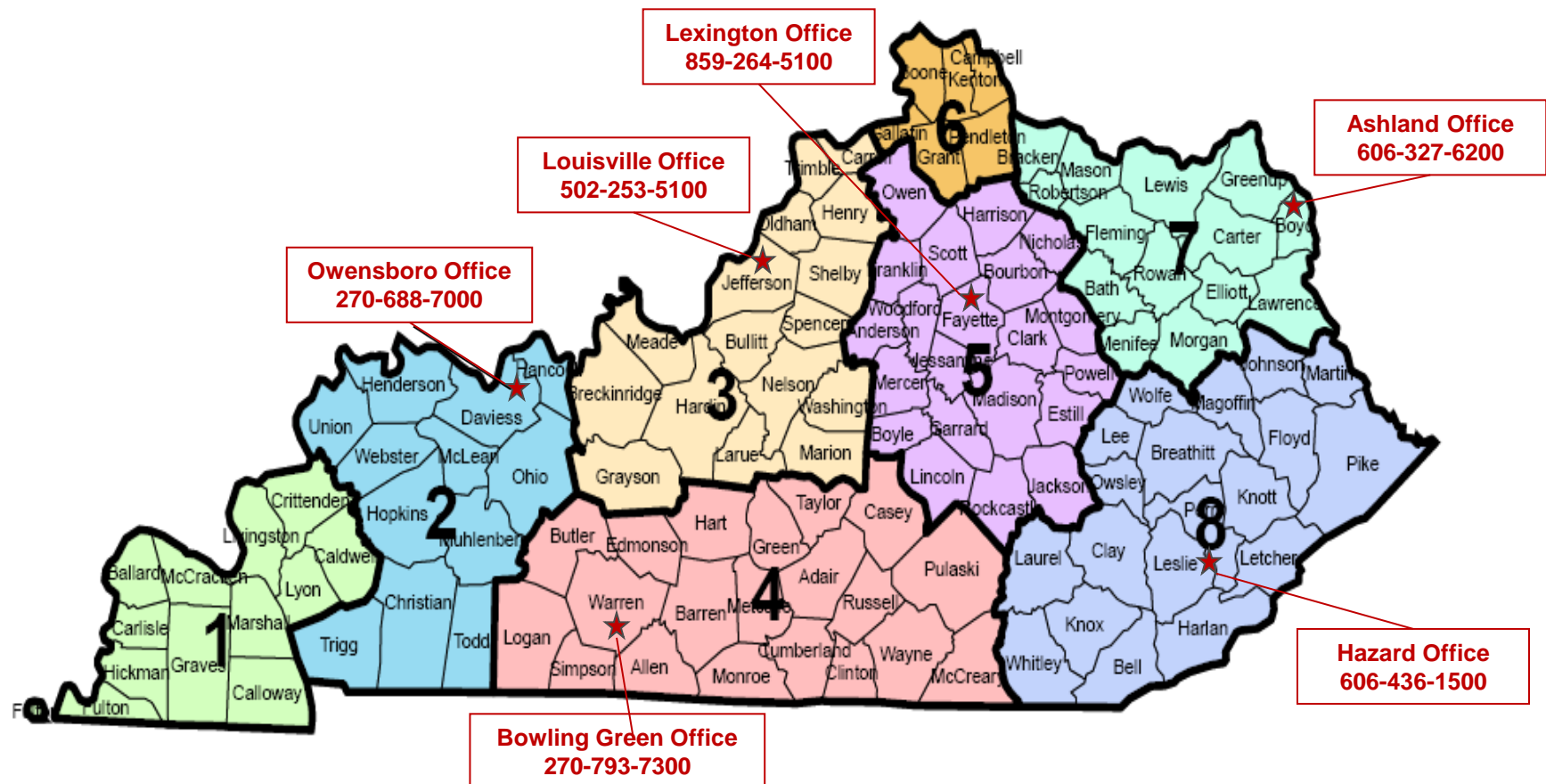


WellCare of Kentucky Provider Update

Summer 2013



WellCare of Kentucky Offices



We have six offices throughout the Commonwealth staffed with Provider Relations Representatives and Case/Disease Managers that live in those communities to service the needs of members and providers.

Claim Submission Metrics

Nov. 1, 2011 – Dec. 31, 2012

Pharmacy Claims Received and Paid	3.6M
Electronic (EDI) Claims - Non-Pharmacy	4.0M
Clean EDI Claims – Ready For Processing	3.4M
Claim Acceptance Rate	96.0%
% of Claims Received Electronically	86.0%
% of Claims Received in Paper Form	14.0%

Claim Payment Metrics (Non-Pharmacy)

Nov. 1, 2011 – Dec. 31, 2012

Claims Paid (EDI & Paper)	3,422,820
Claims Denied (EDI & Paper)	624,363
Total Dollars Paid to Providers (Non-Pharmacy)	\$592,616,304
Avg. Days for Provider to Send Claim	28.7
Avg. Days for WellCare to Pay Claim	14.9
Claims Paid Within 30 Days	96.6%

Service Authorization Requests

Nov. 1, 2011 – Dec. 31, 2012

Authorization Requests – All Providers	189,186
Authorizations Approved	178,730
Authorizations Denied	12,480
Avg. Auth. Approvals per Month	12,766
Avg. Auth. Denials per Month	891
% of Authorization Requests Denied	6.50%

Provider Appeals

Nov. 1, 2011 – Dec. 31, 2012

Number of Provider / Member Appeals	3,195
% of Non Pharmacy Claims Appealed	<1%
Number of Fair Hearings Requested	131
% of Claims Requiring Fair Hearings	<1%
Number of Claims Received	7.6M

Top Reasons Claims are Denied – 70.5% Are Avoidable



- 70.5% of all claim line denials are due to six avoidable reasons.
 - Top Denial Reasons Include Duplicate Claim Submission, Not Obtaining Authorization, and Kentucky Medicaid Not Being The Primary Insurer.
- All other denial code reasons accounted for just 7.6% of all claim lines billed.

<u>Rank</u>	<u>Reason For Claim Denial</u>	<u>% Of All Denials</u>	<u>% of Total Claim Lines</u>
1	Duplicate Claim Billed: Exact Duplicate of Another Claim	32%	5.58%
2	Prior Authorization Required but Not Obtained	16%	2.74%
3	Payment Included In The Allowance For Another Previously Billed Service	9%	1.57%
4	Medicare Is Responsible - Must submit an EOB from Medicare	5%	0.91%
5	Other Commercial Coverage - Must submit an EOB from the Primary Insurance Carrier	5%	0.82%
6	Medicare Primary Payment Equals or Exceeds Medicaid Liability	4%	0.75%
	Subtotal	70.5%	12.4%
	All Other	29.5%	7.6%
	TOTAL	100.0%	20.0%



Provider Responsibility

*How long does it take
for a
Provider to send the
claim to WellCare?*

28.7 Days

WellCare Responsibility

*How long does it take
WellCare to pay the
claim?*

14.9 Days

<u>Time Period</u>	<u>Paid Claim Lines</u>	<u>Avg. Days For Provider To Send Claim</u>	<u>Avg. Days For MCO To Pay The Claim</u>
December 2011	381,401	50.0	19.9
March 2012	548,824	35.0	17.8
June 2012	456,566	23.2	14.5
July 2012	467,587	21.8	15.9
August 2012	533,849	20.8	13.8
September 2012	442,050	19.4	11.7
October 2012	476,400	17.3	10.0
November 2012	573,391	15.8	9.7
December 2012	482,490	13.2	8.7
Total		28.7	14.9

**Q4 Avg.
15.5 Days**

**Q4 Avg.
9.5 Days**



WELLCARE RESOURCES



- ❖ **Provider Manual**
- ❖ **Quick Reference Guide**
- ❖ **Online Authorization**
- ❖ **Online Eligibility and Claims Submission**
- ❖ **Online Forms and Documents including PDL**
- ❖ **Clinical Coverage & Clinical Practice Guidelines**
- ❖ **Provider and Pharmacy Lookup**
- ❖ **Provider Newsletters**
- ❖ **Fax Blasts**
- ❖ **Email Notifications**
- ❖ **Provider Relations Visits**

Regions 3

Contact Information:

Bill Watson – Director of Network Management

(216) 357-8770

Marie Rains – Provider Relations Manager, Regions 3

(502) 689-7333

Alma Williams – Provider Relations Rep – (502) 612-3441

Steve McCarter – Provider Relations Rep – (502) 381-8120

Nancy Jenkins – Provider Relations Re – (502) 689-3341

Online Resources



<http://kentucky.wellcare.com>

(Medicaid)

WELLCARE OF KENTUCKY MEDICAID QUICK REFERENCE GUIDE
September 2012
Web Address: <http://kentucky.wellcare.com/providerresources>

Important Telephone Numbers

Provider Services Eligibility verification, Claims, Utilization Mgmt., Language Line and Provider Complaints	1-877-389-9457	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-800-919-8807
TTY/TDD	1-877-247-6272	Risk Management	1-866-479-2355
Case and Disease Management Referrals	1-866-435-7045	WellCare Fraud, Waste and Abuse Hotline Kentucky Medicaid Division of Program Integrity	1-800-372-2670

Provider "How To" Guide

Claim Submissions

Provider Services: 1-877-389-9457
Questions related to claim submissions
For inquiries related to your electronic submissions to WellCare, please contact
our EDI team at EDI-Medicaid@wellcare.com

Preferred EDI Partner: EDI Payor ID: 14193 1-877-411-7271
RelayHealth (McKesson)
Encounter Data Submissions: 50354

WellCare of Kentucky follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claims submissions. Since October 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. WellCare does not accept handwritten, telexed or replicated claim forms.

Claim Payment Appeals

The Claim Payment Appeals Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment appeals must be submitted in writing to WellCare within thirty (30) calendar days of the date on the EOP.

Mail or fax all claim payment appeals with supporting documentation to:
WellCare of Kentucky Health Plans, Inc. Fax: 1-877-277-9808
Attn: Claim Payment Appeals
PO Box 31370
Tampa, FL 33631-3370

Claim Payment Policy Appeals

The Claims Payment Policy department has created a new method for provider issues related strictly to payment policy issues. Appeals for payment policy related issues (Explanation of Payment Codes beginning with H0000, M0000 or P0000) must be submitted to WellCare in writing within thirty (30) calendar days of the date of denial on the EOP.

Mail all appeals related to payment policy issues to:
WellCare of Kentucky Health Plans, Inc. Fax: 1-877-277-9808
Payment Policy Appeals Department
PO Box 31426
Tampa, FL 33631-3426

(Medicaid)

Providers may seek an appeal through the Appeals department within thirty (30) calendar days of a claim denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification.

Mail or fax medical appeals with supporting documentation to:
WellCare of Kentucky Health Plans, Inc. Fax: 1-866-261-9657
Attn: Appeals Department
PO Box 436000
Louisville, KY 40253

Grievances

Member grievances may be submitted in writing or by calling Customer Service within thirty (30) calendar days of the event causing dissatisfaction. Providers may also file a grievance on behalf of the member with the member's written consent.

Mail or fax member grievances to:
WellCare of Kentucky Health Plans, Inc. Fax: 1-866-389-7109
Attn: Grievance Department
PO Box 436000
Louisville, KY 40253

For your convenience, some of this QRG is [bold underlined](#) for use as hyperlinks to supporting WellCare of Kentucky Provider Job Aids, Resource Guides and forms when the Quick Reference Guide is viewed in an electronic format.

NOTE: This guide is not intended to be an all-inclusive list of covered services under WellCare of Kentucky Health Plans, Inc. but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised August 2012)

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KY02017N_PRC_GRC_01NG State Approved 08/2012
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Quick Reference Guides:
Full of Helpful Information

Home | Community | About Us | Investors | Contact Us | Careers | ? Help

WellCare

Search Site:
Enter Search Words

Need Information?
Call: 1-877-389-9457
TTY/TDD (All Plans) Call: 1-877-247-6272


- Text Size +

Member / Provider Secure Sign-In: ?

Username
Password

Forgot Your Password?
Not Registered?
▶ Member sign up
▶ Provider sign up

Find a Provider



WellCare Websites

- WellCare Prescription Drug Plans [↗](#)
- Exactus™ Pharmacy Solutions [↗](#)
- Producers [↗](#)

For Members ?

For Providers ?

Care of Kentucky

are Health Plans, Inc., provides
ams sponsored by the governm
fer a variety of health and pres
re families, children, and the ag
umber of these members who b
2.4 million. The industry-leadi
pating doctors and communities

llCare, you'll see that we put yo
access to great health care. We
re you need to stay healthy.

Choose WellCare of Kentucky?

nt families like yours first. That
you get great health care and
althier. We do this by:

Who can join?

Covered groups include:

- Families and children.

You and your staff will have secure Web access to a variety of easy-to-use tools created to streamline your day-to-day administrative tasks with the plan.

AUTHORIZATIONS

Online Authorization Information



Home | Community | About Us | Investors | Contact Us | Careers | Help

WellCare

Search Site:
Enter Search Words

Need Information?
Call: 1-877-389-9457
TTY/TDD (All Plans) Call: 1-877-247-6272

Provider Resources Pharmacy Quality Behavioral Health For Members Secure Log-in

Provider : Resources

WellCare of Kentucky
The resources on this page will assist you in working with WellCare of Kentucky. Click on the names of the materials listed to access more information. These materials may change over time so please check back to make sure you have the most up-to-date version. If you have questions, please call Customer Service at 1-877-389-9457 (TTY/TDD 1-877-247-6272).

Authorization Lookup Tool
Search quickly and easily by CPT code.
[DME and Orthotic-Prosthetic Prior Authorization List](#)

Auth Lookup
Please select your line of business from the drop-down menu, enter the desired CPT code, and click search

Line of Business:

CPT Code:

Results as of Friday, Apr 26, 2013 07:51:54

CPT Code:	99213
Description:	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF
11 Office:	No Authorization Required
22 Outpatient Hospital:	No Authorization Required
24 Ambulatory Surgery:	No Authorization Required

Do you even
NEED an
authorization?
Check our
online
Authorization
Lookup Tool to
know for sure

Online Authorization Information



Home | Community | About Us | Investors | Contact Us | Careers | Help

WellCare

Search Site:
Enter Search Words **Go**

Need Information?
Call: 1-877-389-9457
TTY/TDD (All Plans) Call: 1-877-247-6272

Provider Portal Welcome, Lee | Logout Last Login: April 25, 2013 09:07 PM

Provider **Resources** Claims Eligibility **Authorizations** Pharmacy Quality Reports Training Behavioral Health For Members Admin

Eligibility ?
Check Eligibility and applicable MOOP info.*
*Required
*Member ID:
Lookup Member
Show Eligibility Copay
* MOOP info applicable to Medicare members only

Authorizations ?
Check Authorization Status
*Required
*Find by: Provider ID
Provider ID:
Lookup Provider
*Service Date:
☒ Within: Last day
☐ From:
To:
Find Authorizations
Submit Authorization
Submit Referral

Claims ?
Check Claim Status
*Required
*Find by:
Provider ID:
Lookup Provider
*Service Date:
☒ Within:
☐ From:
To:
Check Claim Status
Submit New Claim
Resubmit Corrected Claim

Messages From WellCare ?
er News
22: Convert to EDI and Avoid
Reimbursement Delays
22: Convert to EDI and Avoid
Reimbursement Delays
03: 2013 Provider Summit Meetings
03: 2013 Provider Summit Meetings
11: Important Reminder Regarding
Sedation Procedures
More Messages From WellCare>

Find a Provider

Related Sites ?
• EFT Services - PaySpan Health
• HIPAA information
• WellCare Prescription Drug Plan

Provider Training
WellCare is committed to helping providers remain current with the latest training requirements.
You have training available. Click here to see all training.

Resources ?
• Provider Manual
• Quick Reference Guide
• Forms & Documents
• Newsletters
How-To Instructions
• Submit an Authorization
• Check Auth Status
• Check Claim Status
• Check Eligibility
More Resources >

As an alternative to fax or phone, you can also submit and track status on authorizations on our Secure Portal

SUBMITTING CLAIMS

Claims Submission



Claim Submissions

Provider Services

1-877-389-9457

Questions related to claim submissions

For inquiries related to your electronic submissions to WellCare, please contact our EDI team at EDI-Master@wellcare.com.

Use Emdeon?
Please contact our
EDI-Master
who can assist.

Preferred EDI Partner

EDI Payor ID

RelayHealth (McKesson)

14163

1-877-411-7271

Encounter Data Submissions 59354

WellCare of Kentucky follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claims submissions. Since October 28, 2010, WellCare accepts only the original "red claim" form for claim and encounter submissions. WellCare does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website at:
[http://kentucky.wellcare.com/Provider/Claims Updates](http://kentucky.wellcare.com/Provider/Claims_Updates)

Mail Paper Claim Submissions to:
WellCare of Kentucky Health Plans, Inc.
Claims Department
PO Box 31372
Tampa FL 33631-3372

VENDORS:



Optometry & Ophthalmology: **Avesis**. (855) 776-9466
and <http://www.avesis.com/kentucky.html>

Dental: **Avesis**: (855) 776-9466 and
http://www.avesis.com/dental_programs.html

Audiology: **Max Specialty**. Providers can reach them by
contacting Dru Coleman dcoleman@epichearing.com

CareCore National for Advanced Imaging, Diagnostic
Cardiac Nuclear Studies, Sleep Studies and Pain
Management Authorizations

- On line at www.CareCoreNational.com
- By phone at (888) 333-8641
- By fax at (866) 896-2152

Behavioral Health Services



WellCare's Behavioral Health Services are managed in-house. No outside vendor is used.

Behavioral Health Providers are held to the same standard and processes included in WellCare's Provider Resources, unless otherwise noted.

Interqual criteria is used for assessing level of care criteria.

Authorization request forms can be found on the Forms and Documents page of our website, including fax numbers and phone numbers for urgent authorization requests.



APPEALS

Appeal Rights & Process - Payment



Claim Payment Appeals

The Claim Payment Appeals Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment appeals must be submitted in writing to WellCare within 24 months of the date on the EOP.

Mail or fax all claim payment appeals with supporting documentation to:

WellCare of Kentucky Health Plans, Inc. **Fax 1-877-277-1808**
Attn: Claim Payment Appeals
PO Box 31370
Tampa, FL 33631-3370

Claim Payment Policy Appeals

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Appeals for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to WellCare in writing within 24 months of the date of denial on the EOP.

Mail all appeals related to payment policy issues to:

WellCare of Kentucky Health Plans, Inc. **Fax 1-877-277-1808**
Payment Policy Appeals Department
PO Box 31426
Tampa, FL 33631-3426

Appeals (Medical)

Providers may seek an appeal through the Appeals department within thirty (30) calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient documentation or late notification.

Mail or fax medical appeals with supporting documentation to:

WellCare of Kentucky Health Plans Inc.
Attn: Appeals Department
PO Box 436000
Louisville, KY 40253

Fax 1-866-201-0657

PHARMACY

Pharmacy Information



WellCare's Preferred Drug List is available on the unsecured portion of our Website



Provider : Pharmacy

The WellCare Pharmacy Services team is committed to quality service and partnership with our providers to improve our members' health and well-being. To help your patients get the most out of their pharmacy benefits, please consider the following when prescribing:

Preferred Drug List (PDL)

The PDL is a clinical guide of prescription drug products recommended by the Pharmaceutical and Therapeutics (P&T) Committee based on the drug's efficacy, safety, side effects, pharmacokinetics, clinical literature and cost-effectiveness profile. Most medications are covered without prior authorization, however the PDL denotes any pharmacy utilization management tools that apply to a particular pharmaceutical when applicable. These materials may change over time, so please check back to make sure you have the most up-to-date version of the PDLs.

- Comprehensive Medicaid PDL
- Preferred Drug List Updates – Effective April 28, 2013
- Medical DUAL (STAT) PDL
- Behavioral Health Medication Reference Guide

2013

Kentucky Medicaid Comprehensive Preferred Drug List (List of Covered Drugs)

WellCare of Kentucky

Non-Formulary Drugs		Preferred Formulary Drugs	
ANTITUSSIVES, NON-NARCOTIC			
Benzonatate			
TESSALON 200 MG CAPSULE		BENZONATATE 100 MG CAPSULE	BENZONATATE 200 MG CAPSULE
Dextromethorphan Polistirex			
		DELSYM 30 MG/5 ML EXTENDED-RELEASE SUSPENSION	
Dextromethorphan HBr			
		ROBITUSSIN PEDIATRIC COUGH SYR	
NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
Brompheniramine/Dextromethorphan HBr/Pseudoephedrine HCl			
ALLANHIST POX DROPS	BROMHIST POX DROPS	BROTAPP DM LIQUID	Q-TAPP DM ELIXIR
BROMFED DM SYRUP	ENDACOF-PD DROPS		
Brompheniramine/Dextromethorphan HBr/Phenylephrine HCl			
		COLD-COUGH CHILDREN'S ELIXIR	
		RYNEX DM	DIMAPHEN DM ELIXIR
Chlorpheniramine/Dextromethorphan HBr/Phenylephrine HCl			
C-PHEN DM	RONDEX-DM SYRUP	DE-CHLOR DM LIQUID	NOHIST-DM
PD-COF SYRUP	SILDEC PE-DM SYRUP	CORFEN DM	TR-DEX PE
Chlorpheniramine/Dextromethorphan HBr/Pseudoephedrine HCl			
		PEDIATRIC COUGH-COLD LIQUID	MESEHIST DM
		KIDKARE COUGH/COLD	

ENHANCED MEMBER BENEFITS

Pre-Natal Care Rewards Program Partnering with Providers



Over-the-Counter (OTC) Items

Benefit



Get up to
\$120 in FREE

over-the-counter (OTC) items each year!

**That's \$10
each month!**

Enhanced Member Benefits

In-Home Case Management

- Weekly Face-to-Face visits with licensed personnel in the home with feedback provided to the PCP.
- Upon request, accompany the member to the MD visit and facilitate compliance with PCP recommendations.
- Empower the member to participate in their plan of care.
- Coordination of Community Resources

